

*** EMPLOYMENT ***

COMPLAINT OF DISCRIMINATION UNDER
THE PROVISIONS OF THE CALIFORNIA
FAIR EMPLOYMENT AND HOUSING ACT

DFEH # _____

DFEH USE ONLY

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

YOUR NAME (indicate Mr. or Ms.) _____

TELEPHONE NUMBER (INCLUDE AREA CODE) _____

ADDRESS _____

CITY/STATE/ZIP _____

COUNTY _____

COUNTY CODE _____

NAMED IS THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY,
APPRENTICESHIP COMMITTEE, OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED
AGAINST ME:

NAME _____

TELEPHONE NUMBER (Include Area Code) _____

ADDRESS _____

DFEH USE ONLY

CITY/STATE/ZIP _____

COUNTY _____

COUNTY CODE _____

NO. OF EMPLOYEES/MEMBERS (if known) _____

DATE MOST RECENT OR CONTINUING DISCRIMINATION
TOOK PLACE (month, day, and year) _____

RESPONDENT CODE _____

THE PARTICULARS ARE:

On _____ I was _____ fired _____ denied employment _____ denied family or medical leave
_____ laid off _____ denied promotion _____ denied pregnancy leave
_____ demoted _____ denied transfer _____ denied equal pay
_____ harassed _____ denied accommodation _____ denied right to wear pants
_____ genetic characteristics testing _____ impermissible non-job-related inquiry _____ denied pregnancy accommodation
_____ forced to quit _____ other (specify) _____

by _____
Name of Person Job Title (supervisor/manager/personnel director/etc.)

because of my: _____ sex _____ national origin/ancestry _____ physical disability _____ cancer _____ (Circle one) filing;
_____ age _____ marital status _____ mental disability _____ genetic characteristic protesting; participating in
_____ religion _____ sexual orientation investigation (retaliation for)
_____ race/color _____ association _____ other (specify) _____

the reason given by _____
Name of Person and Job Title

Was because of _____
[please state _____
what you _____
believe to be _____
reason(s)] _____

I wish to pursue this matter in court. I hereby request that the Department of Fair Employment and Housing provide a right-to-sue notice. I understand that if I want a federal notice of right-to-sue, I must visit the U.S. Equal Employment Opportunity Commission (EEOC) to file a complaint within 30 days of receipt of the DFEH "Notice of Case Closure," or within 300 days of the alleged discriminatory act, whichever is earlier.

I have not been coerced into making this request, nor do I make it based on fear of retaliation if I do not do so. I understand it is the Department of Fair Employment and Housing's policy to not process or reopen a complaint once the complaint has been closed on the basis of "Complainant Elected Court Action."

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters stated on my information and belief, and as to those matters I believe it to be true.

Dated _____

COMPLAINANT'S SIGNATURE

At _____
City

DATE FILED:

RIGHT-TO-SUE COMPLAINT INFORMATION SHEET

We need a separate signed complaint for each employer, person, labor organization, employment agency, apprenticeship committee, state or local government agency you wish to file against. If you are filing against both a company and an individual(s), please complete separate complaint forms naming the company or an individual in the appropriate area.

Please complete the following so that we can process your complaint and for DFEH for statistical purposes, and return with your signed complaint(s):

YOUR RACE: (Check one)

- ☐ African-American
- ☐ Asian
- ☐ Caucasian
- ☐ Native American
- ☐ Other (List) _____

YOUR ETHNICITY: (Check one)

- ☐ Hispanic (Other than Mexican or Mexican-American)
- ☐ Mexican-American
- ☐ Mexican National
- ☐ Filipino
- ☐ Polynesian
- ☐ Other (List) _____

IF FILING BECAUSE OF DISABILITY,

YOUR DISABILITY:

- ☐ AIDS
- ☐ Blood/Circulation
- ☐ Brain/Nerves/Muscles
- ☐ Digestive/Urinary/Reproduction
- ☐ Hearing
- ☐ Heart
- ☐ Limbs (Arms/Legs)
- ☐ Mental
- ☐ Sight
- ☐ Speech/Respiratory
- ☐ Spinal/Back

IF FILING BECAUSE OF MARITAL STATUS,

YOUR MARITAL STATUS: (Check one)

- ☐ Cohabitation
- ☐ Divorced
- ☐ Married
- ☐ Single

IF FILING BECAUSE OF RELIGION,

YOUR RELIGION: (Check one)

- ☐ Catholic
- ☐ Jewish
- ☐ Protestant
- ☐ Seventh Day Adventist
- ☐ Other (List) _____

- ☐ Orientation
- ☐ Pregnancy
- ☐ Denied Right to Wear Pants
- ☐ Other Allegations (List) _____

YOUR AGE: ____

YOUR GENDER:

- ☐ Female
- ☐ Male

YOUR OCCUPATION:

- ☐ Clerical
- ☐ Craft
- ☐ Equipment Operator
- ☐ Laborer
- ☐ Manager
- ☐ Paraprofessional
- ☐ Professional
- ☐ Sales
- ☐ Service
- ☐ Supervisor
- ☐ Technician

HOW YOU HEARD ABOUT DFEH:

- ☐ Attorney
- ☐ Bus/BART Advertisement
- ☐ Community Organization
- ☐ EEOC
- ☐ EDD
- ☐ Friend
- ☐ Human Relations Commission
- ☐ Labor Standards Enforcement
- ☐ Local Government Agency
- ☐ Poster
- ☐ Prior Contact with DFEH
- ☐ Radio
- ☐ Telephone Book
- ☐ TV
- ☐ DFEH Web Site

DO YOU HAVE AN ATTORNEY?

- ☐ Yes
- ☐ No

Your Signature

Date

DFEH-300-03-1 (07/01)
DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING
STATE OF CALIFORNIA

IF FILING BECAUSE OF SEX, THE REASON:

- ☐ Harassment